5. No.300	MIPP DEO NE 1050		EALTH OF MISSOURI FICATE OF DEATH		43399
. 10.48	ALED DEC 27 1950	REG. DIST. NO.360	•	State File No 6225 Registrar's No.	122
-10	I, PLACE OF DEATH	REG. 0151. NO	, 	E (Where decessed lived. If in	guitution: residence before
1080	a. COUNTY Vernou	-	a. STATE TOO	b. COUNTY	ass 0190
2	b. CITY (If outside corporate limits, was 10 Why Washington.	Township C. LENGTH OF STAY (in this play	c. CITY (If outside corporate OR TOWN Bel	timits, write RURAL and give tow	nehip)
RECORD	d. FULL NAME OF (If not in boupits HOSPITAL OR INSTITUTION State	or institution, give strong address or location. Nortal 3 Meroda M	d. STREET ADDRESS	rural, give location)	
ŀ	3. NAME OF s. (First) DECEASED (Type or Print)	/E - T	LASLEY	4. DATE (Month) OF DEATH	(Day) (Year) - + 1950
INEN	5. SEX 6. COLOR OR R.	ACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Feb-10, 185	9. AGE (In years of those last birthday) Months	T YEAR IF UNDER M HES. Hours Min.
PERMANENT	10g. USUAL OCCUPATION (Give kind of done during mostal working life, even if ret	10b. KIND OF BUSINESS OR IN DUSTR'	11. BIRTHPLACE (State or for	Rea	12. CITIZEN OF WHAT COUNTRY
▼	13a. VATHER'S NAME On drew Walk	13b. MOTHER'S MAIDE	N NAME . 14.	MAME OF HUSBAND OR WI	ley.
MAKE	15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (If yes, give war or	MED FORCES? 16. SOCIAL SECURITY NO.		ignature or name tale Hospital.	3 nevadam
INK—3	I DIBECTIVE	MEDICAL OR CONDITION LEADING TO DEATH*(a)	eriosclerot	in Heart D	INTERVAL BETWEEN ONSET AND DEATH
	*This does not mean ANTECEDEN	\.,\	rterioscler	osis.	
BLACK	as heart failure, asthenia, the underlying etc. It means the dis-	ove cause (a) stating	Line of the sections		4500
DING	ease, injury, or complica- tion which caused death. II. OTHER S Conditions c	IGNIFICANT CONDITIONS ontributing to the death but not disease or condition causing death.	ile Przychosia	plus malnut	tetion
UNFABING		FINDINGS OF OPERATION			20. AUTOPSYT
	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., ste	21c. (CITY, TOWN, OR TOW	(COUNTY)	(STATE)
Isn-	21d, TIME (Month) (Day) (Yes OF INJURY	21e. INJURY OCCURRED WHILE AT WORK AT WORK	314 HOW DID INJURY OCC	CURT	• :
INLY	22. I hereby certify that I attendative on Dec 1	ded the deceased from Dec 3	1949, to Dec 14:257 m., from the co	9 , 1950, that I leauses and on the date state	ist saw the deceased led above.
WRITE, PLAINLY-USING	23. SIGNATURE LOS	arone m D 0		tal 3 Nevadan	23c. DATE SIGNED
VRITE	24a. BURIAL. CREMA- 24b. DATE TION, REMOVAL (Speedsy)	1950 RYMO	RE CEMETERS K	AVMORE, M	0
>	DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE 33	DE FUNERAD DIRECTOR	* Song BOD	Low Ma
		(Licensed Embasoner	Statement on Reverse Side)		

ECT. 14ED DEC 11 1950 Cst. File 1250-2480 Date Filed 12 - 14 - 50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate was embalmed by me, or by
	Student Embalmer No. ,

working under my personal supervision.

Student Embaimer

Licensed Embalmer No. 3958

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.